

I. DISPUTE and RATIONALE

1. The requestor billed \$7,350.00 for a chronic pain management program. The insurance carrier reduced payment based upon "M – The charge for this service exceeds the amount which would appear reasonable when compared to the charges of other providers in the same geographical area."
2. On 8-27-03, both Parties signed a Settlement Agreement and Release. The insurance carrier agreed to pay \$1015.00 plus interest within 30 days from signed agreement.
3. The requestor noted on 9-20-03 that they only received payment of \$19.10.
4. Neither party submitted proof that the additional payment had been made or received.
5. Since both parties agreed that additional payment of \$1015.00 was fair and reasonable, the requestor is entitled to reimbursement of \$1015.00 minus \$19.10 = \$995.90 plus interest.

II. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of \$995.90 plus accrued interest pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$995.90** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division